MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND	DEP.
1	/		/		X		51							
2		/		/			52							
3		/	/	/			53							
4				/			54							
5		/					55							
6		/					56							
7		/					57							
8		/		X			58							
9		/		/			59							
10		/		/			60							
11		/		/			61							
12		//		/			62							
13		//		/			63							
14		//		/			64							
15				/		/	65							
16				/		/	66							
17				/			67							
18				/			68							
19				/			69							
20				/			70							
21				/			71							
22				/			72							
23				/			73							
24				/			74							
25				/			75							
26				/			76							
27				/			77							
28				/			78							
29				/			79							
30							80							
31							81							
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37							87							
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39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.							TOTAL IND.							
TOTAL DEP.	↓		↓		↓		TOTAL DEP.			↓		↓		↓
TOTAL CLAIMS							TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS   U.S. DEPARTMENT of COMMERCE

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